

Audits - Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

June 10, 2008

George E. Sonsel, LCSW Director Amador County Mental Health 10877 Conductor Blvd., Suite 300 Sutter Creek, CA 95685

Dear Mr. Sonsel:

REVISED AUDIT REPORT - AMADOR COUNTY MENTAL HEALTH SERVICES

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Amador County Mental Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC units. Mode Costs. Utilization Review Costs and Administrative costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs

	Audited	Revised	<u>Adjı</u>	ustment
Federal Share of Short-Doyle/Medi-Cal	\$ 431,183	\$ 432,033	\$	850
Federal Share of Healthy Families/Medi-Cal	\$ 0	\$ 0	\$	0
State General Funds EPSDT Due State	\$ 100,710	\$ 100,710	\$	0

George E. Sonsel, LCSW, Director June 10, 2008 Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

MABEL GILTNER, Supervisor Audits – Bay & Central Region

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

Enclosures

CERTIFIED MAIL

AMADOR COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

NET REIMBURSABLE MEDI-CAL		-	As Audited	Audit Adjustment	<u>.</u>	As Revised
PROGRAM COSTS						
COUNTY - FFP						
MEDI-CAL - FFP	(Sch. 2a)	\$	417,855	\$ 85	0 \$	418,705
HEALTHY FAMILIES - FFP	(Sch. 2a)	•	0		0	0
TOTAL FFP - COUNTY PROVIDER	(\$ _	417,855	\$ 85	<u>0</u> \$	418,705
CONTRACT PROVIDERS - FFP						
MEDI-CAL - FFP	(Sch. 3b)	\$	13,328	\$	0 \$	13,328
HEALTHY FAMILIES - FFP	(Sch. 3b)	_			0	0
TOTAL FFP - CONTRACT PROVIDER		\$_	13,328	\$	0 \$	13,328
TOTAL FFP - COUNTY PLUS CONTRACT PRO	OVIDERS					
MEDI-CAL - FFP		\$	431,183	\$ 85	0 \$	432,033
HEALTHY FAMILIES - FFP		_	0		0	0
TOTAL FFP - CONTRACT PROVIDER		\$ <u></u>	431,183	\$85	<u>0</u> \$	432,033
SUMMARY OF STATE GENERAL FUNDS						
EPSDT - SGF	(Sch. 4)	\$ _	100,710	\$	<u>0</u> \$	100,710

AMADOR COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

	<u></u>					Audit		
				As Audited		Adjustments		As Revised
Tot	al Medi-Cal Gross Reimbursement		_		-		-	
1.	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0	\$	0
2.	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		596,380		(0)		596,380
3.	Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0		0
4.	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		10,112		0		10,112
5.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7.	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		0		0		0
9.	Total		\$ =	606,492	\$	(0)	\$ _	606,492
-	n							
	s: Patient & Other Payor Revenues	(141110(0.1.00.20.1)	æ	0	æ	0	æ	0
10.	···•	(MH 1968, Ln 28, 28A)	\$	0	\$	0	\$	0
11.		(MH 1968, Ln 28, 28A)		15,609		0		15,609
12.	,	(MH 1968, Ln 29)		0		0		0
13.	-	(MH 1968, Ln 29)		0		0		0
14.	, , , , , , ,	(MH1968, Ln 30)		0		0		0
15.		(MH1968, Ln 30)		0		0		0
16.		(MH 1968, Ln 31)		0		0		0
17.		(MH 1968, Ln 31)	_	0		0		0
18.	Total		\$ =	15,609	- ¥	- 0	· \$ =	15,609
Me	di-Cal Net Reimbursement for Direct Services							
19.	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
20.	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		590,883		(0)		590,883
21.	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22.	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23.	Healthy Families-I/P	(Ln 7 - Ln 16)		. 0		0		0
24.	Healthy Families-O/P	(Ln 8 - Ln 17)	_	0		0		0
25.	Total		\$ _	590,883	- \$	(0)	\$.	590,883
Ma	di-Cal MAA Reimbursement							
	Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0	\$	0
	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	•	0	~	0	•	0
	Service Functions 21-19	(MH1979, Ln 13, Col. A)		0		0		0
	Total	(\$	0	- \$	0	\$	
-/	• • • • • • • • • • • • • • • • • • • •		· -		_ ~ .			

AMADOR COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL			As Audited		Audit Adjustments		As Revised
Amount Negotiated Rates Exceed Cost				_	· · · · · · · · · · · · · · · · · · ·	_	
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0		0		0
36. Total		\$ =	0	\$ _	0	\$=	0
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	94,774	\$	1,699	\$	96,473
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ -	215,286	\$	(0)	\$	215,286
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$=	94,774	\$ _	1,699	\$ =	96,473
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Lit	mit (MH1979, Ln 8)	\$	0	\$	0	\$	0
41. Healthy Families Administration	(MH1979, Ln 9)	s –		\$	0	\$	
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$ _	0	\$ _	0	\$_	0
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	36,830	\$	(0)	\$	36,830
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	=	73,659	=	0	=	73,659
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	299,435	e	0	\$	299,435
46. Enhanced (Children)	(MH1979, Ln 10,10A) (MH1979, Ln 17,17A)	Þ	6,581	Ф	0	Ð	6,581
47. Enhanced (Refugees)	(MH1979, Ln 18)		0,581		0		0,001
48 MAA	(MH 1979, Ln 11, 12 & 1	2)	0		0		0
49. Administrative Reimbursement	(MH1979, Ln 6)	ر د	47,387		850		48,237
50. U.R. Skilled Professional	(MH1979, Ln 0)		27,622		0		27,622
51. U.R. Other	(MH1979, Ln 15)		36,830		(0)		36,830
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0,830		0		0 0.00
53. Subtotal- FFP	(MITT 979, Ell 20)	\$ _	417,855	\$	850	\$_	418,705
64 Control Cinitation Adjuster	(MAIL 1070 1 - 32)	ď	0	\$	0	\$	0
54. Contract Limitation Adjustment 55. Quality Assurance Review Results	(MH 1979, Ln 22) (Adj #)	\$	U	Þ	0	Đ	0
54 Total SD/MC Baimburgament FFB		•	A17 955	· ·	950		419 705
56. Total SD/MC Reimbursement - FFP		\$ =	417,855	. \$	850	= ³ =	418,705
Net Healthy Families Reimbursement - FFP	0.444.000			•			
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	0	\$	0	\$	0
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0		0		0
59. Administrative Reimbursement	(MH1979, Ln 10)	_	0		0	- ຼ-	0
60. Total Healthy Families Reimbursement - FFP		\$ =	0	\$	0	\$ =	0
61. Total - FFP (Ln 56 + Ln 60)		\$ _	417,855	\$	850	\$ =	418,705
							(To Sch. 1)

AMADOR COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Landron Legits	(t) Regular M/Cal and Crossover Gross Cost	Enhanced - Children Gross Cost	(3) Enhanced - Refugees Gross Cost	(4) Total Gross Cost (Excl. HFP)	(野 Healthy Families Gross Cost	#\$) Regular M/Cal and Crossover Gross Cost	Enhanced - Children Gross Cost	#By Enhanced - Refugees Gross Cost	(9) Total Gross Cost (Excl. HFP)	######################################
4	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)
00386 MILHOUS CHILDREN'S SERVICES \$	\$ 0	\$ 0	\$ 0	\$ 0	0	\$ 13.056 \$	0	0	13.056	0
00472 DEVEREAUX FOUNDATION	\$ 0	\$	\$	\$ 0	0	\$ 12,276 \$	0	0	12,276	0

0
25,332
0
\$
\$ 25,332
0
\$ 0
0
\$ 0
\$

SCHEDULE 3a

AMADOR COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

		(#1)	(12)	(13)	(14)	(15)	(#6)	(17)	(18)	
		Total	Healthy	Total	Healthy	Total		Total		Total
Legal		Revenue	Families	Revenue	Families	Net Cost	Net Cost	Net Cost	Net Cost	MAA
Entity		(Excl. HFP)	Revenue	(Excl. HFP)	Revenue	(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	FFP
Number	Legal Entity	INPAT	IENT	OUTPAI	LENT	INPA	I I E N T	OUTPA	TIENT	Reimbursement
		(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979,
		Ln 28 to 30)	Ln 31)	Ln 28 to 30)	Ln 31)					Ln 11-13)
00386	MILHOUS CHILDREN'S SERVICES \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	13,056 \$	0 \$	0
00472	DEVEREAUX FOUNDATION \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	12,276 \$	0 \$	0

GRAND TOTAL \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0

AMADOR COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Lower of FFP or Contract Maximum	6,952 6,377
‡\$73 FFP Contract Maximum	43,884 \$ 38,697 \$
(24). Total Reimbursement (FFP) (Col. 24 + 25)	6,952 \$ 6,377 \$
(25) Healthy Families Reimbursement (FFP) (MH 1979, Ln. 27)	69 69 O O
Total SD/MC Fembrasement (FFP) (MH 1979, Line 21)	6,952 \$ 6,377 \$
Neg. Rates Exceed Costs Heatiny Families 1 E N T (MH 1968. (A	69 69
(42) Neg. Rates Exceed Costs (Excl. HPp 1- O U T P A T (MH 1968.	69 69 O O
Meg. Rates Neg. Rates Exced Costs Excet Tamilies Excet MT (MH 1968.	69 69
### ### ##############################	69 69 O O
Legal Entity	MILHOUS CHILDREN'S SERVICES \$ DEVEREAUX FOUNDATION \$
Legal Entity Number	00386 A

13,328	(To Sch. 1)
82,581 \$	
13,328	
0	
13,328 \$	
\$ 0	
\$ 0	
0	
\$ 0	
_	

GRAND TOTAL

AMADOR COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2003

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	776,585	(160,370)	616,215
(2) Total SD/MC Claims	828,955	0	828,955
(3) Percent % (Line 1/Line 2)	93.68%	-19.34%	74.34%
(4) EPSDT Claims	453,095	0	453,095
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	424,459	(87,645)	336,814
(6) Cost Settled Baseline for EPSDT	126,330	0	126,330
(7) Net Cost Settlement Amount (Line 5 - Line 6)	298,129	(87,645)	210,484
(8) 48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)	144,771	(42,561)	102,211
(8a) FY 2001-02 EPSDT settlement	87,204	0	87,204
(8b) Annual Local Growth (L. 8 - 8a)	57,567	(42,560)	15,007
(9) County Match 10% of Local Growth (8b x 10%)	5,757	(4,256)	1,501
(10) Net cost settlement amount (L. 8 - 9)	139,014	(38,304)	100,710
(11) SGF Distribution (Settled and Audited)	139,014	0	139,014
(12) SGF Due (State)	0	(38,304)	(38,304) (To Sch. 1)

Source

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY2002-2003, includes increase for FFS/MC provider rate increase.
- (7) Settlement amount prior to 10% match calculation (8)-(9)
- (11) SGF gross distribution (See DMH letter dated October 23, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

AUDIT ADJUSTMENTS

Provide	AMADOR CO	DUNTY N	/FNTAL	HEALTH	Provider Number 00003	Ne	o. of Adj.	Fiscal Period Ended June 30, 2003					
	Report Refe							İr	ncrease		As		
Adj.	Form/ Sch.	Line	Col	EXPLANATION OF AUDIT ADJUSTMENT	S 	,	Audited	(D	ecrease)	F	Revised		
				ADJUSTMENTS TO AUDITED SHORT-DOYLE /MEDI-CAL SETTLEMENT									
1	MH 1979 MH 1979	2 2	B D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIM CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIM		\$	25,332	\$ \$	11,330 11,330	\$	11,330 36,662		
				To adjust Contract Provider Medi-Cal Direct Service Gross Reimbur of additional information provided by auditee during appeal process. (Case No. MH8-0603-725-DH)				15 15 15 15 15					
2	MH 1979 MH 1979	4 6		MEDI-CAL ADMINISTRATIVE REIMBURSEMENT LIMIT MEDI-CAL ADMINISTRATIVE REIMBURSEMENT	1	\$ \$	94,774 94,774	\$ \$	1,699 1,699	\$ \$	96,473 96,473		
				To adjust Medi-Cal Administrative Reimbursement Limit and Medi-C Reimbursement in conjunction with Adjustment 1. (Case No. MH8-0603-725-DH)	al Administrative	ı							
3	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY		\$	417,855	\$	850	\$	418,705		
				To adjust Total SD/MC Reimbursement (FFP) as a result of Adjustm (Case No. MH8-0603-725-DH)	nents 1 and 2.								
					į								
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.									

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: AMADOR COUNTY

County Code: 03

	Legal Entity: AMADOR COUNTY MENTAL HEALT	Α	В	С
Leç	gal Entity Number: 00003	Salaries		Total
		and Benefits	Other	Costs
1_	Mental Health Expenditures	1,104,497	780,668	1,885,165
2_	Encumbrances			
3_	Less: Payments to Contract Providers (County Only)		(354,231)	(354,231)
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments	1,104,497	426,437	<u>1,530,934</u>
6	Medi-Cal Adjustments from MH 1961			(26,293)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			1,504,641
	Administrative Costs (County Only)			
9	SD/MC Administration			215,286
10	Healthy Families Administration			0
11	Non-SD/MC Administration			135,978
12	Total Administrative Costs			351,264
L	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			36,830
14	Other SD/MC Utilization Review			73,659
15	Non-SD/MC Utilization Review			53,325
16	Total Utilization Review Costs			163,814
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			989,563
40	Tetal Ocata disease Office velocity			
19	Total Costs - Lines 9 through 18			1,504,641

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: AMADOR COUNTY

County Code: 03

Legal Entity: AMADOR COUNTY MENTAL HE	ALTI A	В	С
Legal Entity Number: 00003	Salaries		Total
	and Benefits	Other	Adjustments
1 Remove capital outlay		(43,550)	(43,550)
2 Record depreciation expense		17,257	17,257
3			
4			
5			
6			
7			
8		<u></u>	
9			
10			
11			
12			
[13]			
14			
15			
16			
17			
18			
19			
20 Total Adjustments		(26,293)	(26,293)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH Fiscal Year 2002-2003

County: AMADOR COUNTY County Code: 03

	Legal Entity: AMADOR COUNTY MENTAL HEALTH	A
Le	gal Entity Number: 00003	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	989,563
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	899,199
6	Outreach Services (Mode 45)	87,319
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	3,045
9	Total - Lines 2 through 8	989,563

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: AMADOR COUNTY

33 Non-Medi-Cal Costs

	County: AMADOR COUNTY County Code: 03		CR	CR	CR	CR	CR		
	Legal Entity: AMADOR COUNTY MENTAL I	EALTH	A	В	ст	D	E	F	G
Le	gal Entity Number: 00003			Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function .	Function	Function	Function _
			L	01	10	30	60	70	
1_	Allocation Percentage		100.00%	19.51%	1.85%	61.73%	13.28%	3.64%	
3	Total Units Gross Cost	895,224	144,418	10,691	355,933 552,584	41,177	14,000		
******			695,224	174,635	16,598	****************	118,859	32,548	100000000000000000000000000000000000000
4	Cost per Unit			1.21	1.55	1.55	2.89	2.32	
5	SMA per Unit			1.77	2.28	2.28	4.23	3.41	
6	Published Charge per Unit			1.55	1.99	1,99	3.70	2.98	
******	Negotiated Rate / Cost per Unit	oo daaraa <u>i</u> oo daaraa <u>i</u> yo daaraa		v <u>jaganaran jaar</u> aantaa	* <u>ir</u>	· · · · · <u>· · · · · · · · · · · · · · </u>			v://ga.ungaaa.an/ga/aa.
8	Medi-Cal Units	07/01/02 - 09/30/02		23,718	2,158	49,272	5,006	1,379	
8A		10/01/02 - 06/30/03		91,880	5,133	178,145	19,223	6,513	
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02				485	30		
10A		10/01/02 - 06/30/03				5,638	180		
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A	10/01/02 - 06/30/03 Non-Medi-Cal Units			20.020	2.400	122 202	16 736	C 400	
12	MOU-MEGI-CALONIS	······		28,820	3,400	122,393	16,738	6,108	000000000000000000000000000000000000000
13	Medi-Cal Costs	07/01/02 - 09/30/02	126,181	28,681	3,350	76,495	14,450	3,206	
13A		10/01/02 - 06/30/03	466,272	111,104	7,969	276,569	55,488	15,142	
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	185,119	41,981	4,920	112,340	21,175	4,702	
14A		10/01/02 - 06/30/03	684,024	162,628	11,703	406,171	81,313	22,209	
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	161,740	36,763	4,294	98,051	18,522	4,109	
15A	DA	10/01/02 - 06/30/03	597,671	142,414	10,215	354,509	71,125	19,409	
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	ļ						
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A	·	10/01/02 - 06/30/03	******************************				************		
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	840			753	87		
21A	Enhanced SD/MC Costs	10/01/02 - 06/30/03	9,273			8,753	520		
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	1,233			1,106	127		
22A		10/01/02 - 06/30/03	13,616			12,855	761		
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	1,076			965	111		
23A		10/01/02 - 06/30/03	11,886			11,220	666		
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02				∔			
24A	<u> </u>	10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26_	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges								
28									
29		07/01/02 - 09/30/02						*****************	***************************************
29A	Healthy Families Costs	10/01/02 - 06/30/03							
30	Harling Carrelling Carrelling Carrelling	07/01/02 - 09/30/02							
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03		-		-			
31	Haalibu Camilian Dublished Charact	07/01/02 - 09/30/02							
31A	Healthy Families Published Charges	10/01/02 - 06/30/03			·				
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A	ricallity randiles Negotialed Rates	10/01/02 - 06/30/03							
200		angan ar ar ar diga sa mananan ar ar ar ar	namakan banan kalendari da	arana arang kananana ar	ang care and a second and a second	contract contract and the second	anne and construction of	****************	

292,658

34,850

5,278 190,015

48,315

14,200

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: AMADOR COUNTY
County Code: 03

ASO TBS

Legal Entity JAMADOR COUNTY MENTAL HEALTH	County Code: 03			ASO TBS								
Mode 15 Outpellent (Program 2)				_ A	В	C	D_	Ē	F	G		
A Allocasion Percentage										Service		
1 Allocation Percentage	Mode: 15 - Outpai	tient (Program 2)		Mode Total			Function_	Function	Function	Function		
2 Total Units								<u> </u>				
Cost per Unit Cost per Uni				100.00%			 	ļ 				
1				2.075			 	 -	 	 -		
5 SMA per Unit	(0.000 p. 100 0.000 p. 100 p.	786000000000000000000000000000000000000	000000000000000000000000000000000000000	3,975	3,075	2 8200000000000000000000000000000000000	200000000000000000000000000000000000000	200000000000000000000000000000000000000				
Section												
7 Negoliated Rate / Cost per Unit						2.28						
Medi-Cal Units						L						
Bank	Negotiated Rate / Cost per U	egotiated Rate / Cost per Unit										
Bank			07/01/02 - 09/30/02		660	1,200						
9						i						
1001 1002 1003 1004 1005					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·						
10A Emlanced SDMC (Refugees) Units 100/10/2 - 06/30/03		er Units										
10A Emlanced SDMC (Refugees) Units 100/10/2 - 06/30/03	0											
108 Enhanced SD/MC (Refugees) Units 07/01/02 - 06/30/03 11/14 Healthy Families (SED) Units 10/01/02 - 06/30/03 3 10/01/02 - 06/30/03 3 10/01/02 - 06/30/03 3 10/01/02 - 06/30/03 3 10/01/02 - 06/30/03 3 10/01/02 - 06/30/03 3 10/01/02 - 06/30/03 2, 106 2, 106 10/01/02 - 06/30/03 2, 106 2, 106 10/01/02 - 06/30/03 3, 443 3, 443 10/01/02 - 06/30/03 3, 443 3, 443 3, 443 10/01/02 - 06/30/03 4, 241 1, 1505 2, 736 1, 20/01/02 2, 2												
11A Ned-Cal Onthered Scal Onthered 0B Enhanced SD/MC (Refugees) Units											
11A Near Medi-Cai Units 10/01/02 - 06/30/03 35	1											
13 Medi-Cal Costs 07701/02 - 09/30/02 1,820 920 900	1A Healthy Families (SED) Units	•	10/01/02 - 06/30/03									
13A Medi-Cal SMA Upper Limits	2 Non-Medi-Cal Units				35							
130A Medi-Cal SMA Upper Limits	3		07/01/02 00/20/02	1 020	020	000	30000000000000000000000000000000000000	390000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000		
14 Medi-Cal SMA Upper Limits		Medi-Cal Costs				900						
14A Medi-Cal SMA Upper Limits	4					2 736				-		
15		Medi-Cal SMA Upper Limits				2,130	<u> </u>					
15A	5			3,443	3,443	 						
16		Medi-Cal Published Charges				 						
16A Meticare/Medi-Cal Crossover Costs 10/01/02 - 06/30/03 18 18 18 18 18 18 19 19	6					 	 -					
177 Medicare/Medi-Cal Crossover Costs 07/01/02 - 09/30/02 10/01/02 - 06/30/03		Medi-Cal Negotiated Rates				 						
172A Medicare/Medi-Cal Crossover SMA Upper Limits 10/01/02 - 06/30/03	<u>ann de gannerategan arrategan ar terretegan /u>		i kanangangan di kanangan kanangan da				<u>anananan ka</u>	ununigandustiga.		<u> </u>		
17/A 100/10/2 - 06/30/03 100/10/2 - 06												
18A Medicare/Medi-Cal Crossover Published Charges 07/01/02 - 09/30/03 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/03 07/01/02 - 09/30/02 07/01/02 -	<u>7A</u>			ļ								
19 9 19 19 19 19 19 19		r SMA Upper Limits										
19A Medicare/Medi-Cal Crossover Published Charges 10/01/02 - 06/30/03	8A											
20		r Published Charges		 								
20A Neglicate/Medi-Cal Crossover Negliated Rates 10/01/02 - 06/30/03 2							<u> </u>					
21		r Negotiated Rates				l						
21A 22A 22A 22A 23A 23A 23A 23A 24A UA	************************	10/01/02 - 06/30/03		*************	***************************************		****************					
21A 22A 22A 22A 23A 23A 23A 23A 24A 1 Enhanced SDMC Costs		07/01/02 - 09/30/02										
22A	1A		10/01/02 - 06/30/03									
22A		or Limite	07/01/02 - 09/30/02									
10/01/02 - 06/30/03 10/01/02 - 06/30/03	2A											
10/01/02 - 06/30/03 24		Chames										
10/01/02 - 06/30/03	3A)											
10/01/02 - 06/30/03		l Rates										
26	4A		10/01/02 - 06/30/03									
26	5 Enhanced SD/MC (Refugees)) Costs	07/01/02 - 06/30/03		····				<u></u>	<u> </u>		
27												
28 Enhanced SD/MC (Refugees) Negotiated Rates												
29												
10/01/02 - 06/30/03	0	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	500000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000			000000000000000000000000000000000000000		
Healthy Families SMA Upper Limits				 								
10/01/02 - 06/30/03 10/01/02 - 06/30/03												
Healthy Families Published Charges		Limits		⊢								
10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 09/30/02 10/01/02 - 06/30/03	,							——— 				
32 Healthy Families Negotiated Rates 07/01/02 - 09/30/02 10/01/02 - 06/30/03		harges										
32A Pealtry Farmines Negotiated Rates 10/01/02 - 06/30/03	2			 		 						
		Rates		 		├──┤						
Non Modi Cal Costs			10/01/02 - 00/30/03				and the same of the same	20 <u>2,000,000,000</u>	daya (1800) daya	osiansississississi		
15 [10/1-Medi-Cai Costs	Non-Medi-Cal Costs			49	49				\			

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

Fiscal Year 2002-2003

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: AMADOR COUNTY County Code: 03

CR

	Legal Entity: AMADOR COUNTY MENTAL HEALTH	A	В	С	D	E	F	G
Le	gal Entity Number: 00003		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach		Function	Function	Function	Function	Function	Function
]	20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		479,925		_			
3	Gross Cost	87.319	87,319					
4	Cost per Unit Non-Medi-Cal Units		0.18	<u></u>	District Control Control			<u> </u>
5	Non-Medi-Cal Units		479,925					
6	Non-Medi-Cal Costs	87,319	87,319					

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: AMADOR COUNTY
County Code: 03

CR

CR

Legal Entity: AMADOR COUNTY MENTAL HEALTH	A	В	С	D	E	F	Ğ
Legal Entity Number: 00003		Service	Service	Service	Service	Service	Service
Mode: 60 - Support	Mode Total	Function	Function	Function	Function	Function	Function
		20	30				
1 Allocation Percentage	100.00%	32.18%	67.82%	_			
2 Total Units		1,920	3,540			_	
3 Gross Cast	3,045	980	2,065				
4 Cost per Unit		0.51	0.58			20000000	<u> </u>
5 Non-Medi-Cal Units (Same as Line 2)		1,920	3,540				
6 Non-Medi-Cal Costs (Same as Line 3)	3,045	980	2,065			370690000000000000000	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DETAIL COST REPORT



DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

	County. AMADOR COUNTY						,				,		,
	County Code: 03	LUCALTU	1	T-8		EMENT TYPE		F	Costs	1	 	Costs	
Lea	Legal Entity: AMADOR COUNTY MENTAL al Entity Number: 00003	LITEALIN	_ A	В		<u> </u>	Total	 	<u> </u>	1 н	Totei	 	Total
-				Mode 55		Totel TAMA	Inpatient	Mode 05-All		Mode 15	Outpatient	Mode 15	Outpatient
			S.F.'s 01-09	S F.'s 11-19, 31-39	S.F.'s 21-29	MAA	Mode 05- Hospital	Other	Mode <u>10</u>	Program (1)	Exclude Program (2)	Program (2)	(Coll+ColJ)
1	Medi-Cal Costs	07/01/02 - 09/30/02				x				126,181	126,181	1,820	128,002
1A 2		10/01/02 - 06/30/03 07/01/02 - 09/30/02			l		 	 	 	466,272 185,119	466,272 185,119	2,106 4,241	468,378 189,360
2A 3	Medi-Cal SMA	10/01/02 - 06/30/03								684,024	684,024	3,443	687,467
3	Medi-Cal P. C.	07/01/02 - 09/30/02	-	 	-	ļ	 	 -		161,740 597,671	161,740 597,671	ļ	161,740 597,671
3A 4	Medi-Cal N. R	07/01/02 - 09/30/02								397,071	397,071		357,671
4A	Wed-Cart. N	10/01/02 - 06/30/03									***************************************		
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02								126,181	126,181	1,820	128,002
5A		10/01/02 - 06/30/03					<u></u>			466,272	466,272	2,106	468,378
6 6A	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02 10/01/02 - 06/30/03	<u> </u>				 	 	!	 		 	
7_	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02											
7A		10/01/02 - 06/30/03 07/01/02 - 09/30/02					 	 	 	 	<u> </u>		
8 8A	Medicare/Medi-Cal Crossover P. C.	10/01/02 - 06/30/03											
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10 10A	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03	100000000000000000000000000000000000000				 	 	 	 			
11		07/01/02 - 09/30/02						<u> </u>	00 <u>0</u> 000000000000000000000000000000000	126,181	126,181	1,820	128,002
11A	Total SD/MC + Crossover Gross Reim.	10/01/02 - 06/30/03								466,272	466,272	2.106	468,378
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02								840_	840		840
12A 13	Erinanced SD/MC (Children) Cost	10/01/02 - 06/30/03						1		9,273	9,273		9,273
13A	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02 10/01/02 - 06/30/03					 			1,233	1,233 13,616		1,233 13,616
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02								1,076	1,076		1,076
14A 15		10/01/02 - 06/30/03 07/01/02 - 09/30/02	 				<u> </u>			11,886	11,886		11,886
15A	Enhanced SD/MC (Children) N. R.	10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02								840	840		840
16A		10/01/02 - 06/30/03					000000000000000000000000000000000000000		0.0000000000000000000000000000000000000	9,273	9,273	*************	9,273
17	Enhanced SD/MC (Refugees) Cost Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03 07/01/02 - 06/30/03											
18 19_	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03						 	<u> </u>	 			
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02								127,021	127,021	1,820	128,841
21A 22	(Excludes Refugees) Enhanced SD/MC (Refugees) Gross Reim.	10/01/02 - 06/30/03 07/01/02 - 06/30/03						 		475,545	475,545	2,106	<u>477,651</u>
2000000	Emanded dome (recoged) cross rem.								on Congrations				
23 23A	Healthy Families Cost	07/01/02 - 09/30/02 10/01/02 - 06/30/03					 -	 		 			
24_	Healthy Families SMA	07/01/02 - 09/30/02											
24A 25	_	10/01/02 - 06/30/03 07/01/02 - 09/30/02								l			
25A	Healthy Families P C	10/01/02 - 06/30/03											
26 26A	Healthy Families N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03					 -	 		 			
22.00		07/01/02 - 09/30/02								00,000,000,000			000000 <u>000000000</u>
27 27A	Healthy Families Gross Reim	10/01/02 - 06/30/03											
	Less: Patient and Other Payor Revenues												
28 28A	SD/MC + Crossover Revenues	07/01/02 - 09/30/02 10/01/02 - 06/30/03					ļ	-		6,731 8,878	6,731 8,878		6,731 8,878
29 29	Enhanced SD/MC (Children) Revenues	1.00 102 - 00/30/03								0,010			<u> </u>
30 31	Enhanced SD/MC (Refugees) Revenues Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)												
32	Medi-Cal Eligibility Factor (Average)			i									
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02					<u> </u>			120,290	120,290	1,820	122,110
35A	Nel Due - Enhanced SD/MC (Refugees)	10/01/02 - 06/30/03					ļ	— — —		466,667	466,667	2,106	468,773
36 37	Net Due - Healthy Families	07/01/02 - 09/30/02					<u> </u>			<u> </u>			
37A	·	10/01/02 - 06/30/03						***************	************	***************	************		
	Amount Negotiated Rates Exceed Costs	Indiana demoire											
38 38A	SD/MC (Includes Children)	07/01/02 - 09/30/02 10/01/02 - 06/30/03											
38A 39	Enhanced SD/MC (Refugees)												
40A	Healthy Families	07/01/02 - 09/30/02 10/01/02 - 06/30/03											
4UA		10/01/02 - 00/30/03	Inches (September 1998)							L			

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP % MH 1978 (10/04)

Fiscal Year 2002-2003

County: AMADOR COUNTY

County Code: 03

Legal Entity: AMADOR COUNTY MENTAL HEALTH

Lega	al Entity Number: 00003	A	В	С	D	E	F	
	Data Type	Net Direct Costs FFP			P	Effective		
	Data Type	(Gross Reim. C	osts - Revenue)	Doll	ars	FFF	2%	
	Source	MH1	970s	MH19	970s	Calculated		
		Column N	Column Q	Column R	Column U	Calcu		
	Formula					(C6 / A6)	(D6 / B6)	
	Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	
		07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	
	Mode	09/30/02	06/30/03	09/30/02	06/30/03	09/30/02	06/30/03	
1	05 - Hospital Inpatient (SFC 10-19)							
2	05 - Other 24 Hour Services (All Other SFC)							
3	10 - Day Services							
4	15 - Outpatient (Program 1)	119,450	457,394	61,398	236,045			
5	15 - Outpatient (Program 2)	1,820	2,106	936	1,057			
6	Totals	121,271	459,500	62,333	237,102			
7	Totals from MH1979	121,271	459,500	62,333	237,102			
8	Effective SD/MC FFP %					51.40%	51.60%	

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

County: AMADOR COUNTY

Source: Source: Source: MH1978 E8 MH1978 E8 MH1978 E8

County Code: 03						MH1978 E8	MH1978 F8			
Legal Entity: AMADOR COUNTY MENTAL HEALTH	Α	В	_ C	D	E	F_	G	Н		J
Legal Entity Number: 00003	Total	Total	Total		50%	51.40%	51.60%	¹ Variable %	75%	Total
	MAA	Inpatient	Outpatient	Total	FFP	FFP	FFP	FFP	FFP	FFP
SD/MC Administrative Reimbursement (County Only)										
County SD/MC Direct Service Gross Reimbursement			606,492	606,492						
Contract Provider Medi-Cal Direct Service Gross Reimbursement		11,330	25,332	36,662						
3 Total Medi-Cal Direct Service Gross Reimbursement				643,154						
4 Medi-Cal Administrative Reimbursement Limit				96,473						
5 Medi-Cal Administration				215,286						
6 Medi-Cal Administrative Reimbursement				_96,473	48,237					48,237
Healthy Families Administrative Reimbursement (County Only)										
7 County Healthy Families Direct Service Gross Reimbursement										
8 Healthy Families Administrative Reimbursement Limit										
9 Healthy Families Administration										
10 Healthy Families Administrative Reimbursement								_		
SD/MC Net Reimbursement for MAA										
11 Medi-Cal Admin. Activities Svc Functions 01 - 09										
12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
14 Utilization Review-Skilled Prof. Med. Personnel (County Only)				36,830					27,622	27,622
15 Other SD/MC Utilization Review (County Only)				73,659	36,830				21,022	36,830
				***************************************	30,030					en anno anno anno anno anno anno anno an
SD/MC Net Reimbursement for Direct Services 07/01/02 - 09/30/02	<u> </u>		121,271	121,271		62,333				62,333
16A 10/01/02 - 06/30/03		}	459,500	459,500			237,102			237,102
17 Enhanced SD/MC Net Reimb. (Children) 07/01/02 - 09/30/02		<u> </u>	840	9,273				554		554
17A 10/01/02 - 06/30/03 18 Enhanced SD/MC Net Reimb. (Refugees)			9,273	9,213				6,027		6,027
		***************************************						**************************************		200000000000000000000000000000000000000
19 Total SD/MC Reimbursement Before Excess FFP										418,705
20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC			<u></u>							
21 Total SD/MC Reimbursement (FFP)										418,705
22 Contract Limitation Adjustment										
23 Adjusted Total SD/MC Reimbursement (FFP)	[418,705
24 11-24th Familia Nat Brint 1997/01/02 - 09/30/02										
24A Healthy Families Net Reimbursement 10/01/02 - 06/30/03										
25 Total Healthy Families Reimbursement Before Excess FFP										
26 Amount Negotiated Rates Exceed Costs - Healthy Families										
27 Total Healthy Families Reimbursement										